

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-023036

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

374

Primary Registration District No.

4347

Registrar's No.

14

STATE FILE NUMBER

FILED JUN 7 1963

1. PLACE OF DEATH

a. COUNTY

Worth

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Grant CityLength of stay in 1b
55 Months

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Grant City Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Worth

c. CITY OR TOWN Grant City,

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

601 S Front

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
MyrtieMiddle
LeeLast
Minnick

4. DATE OF DEATH

Month

May

Day

22,

Year

1963

5. SEX
Female6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
8-7-188 29. AGE (last birthday)
80IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Retired Housekeeper10b. KIND OF BUSINESS OR INDUSTRY
Own Home11. BIRTHPLACE (City and state or country)
Grant City, Missouri12. CITIZEN OF WHAT COUNTRY
U. S.

13a. FATHER'S NAME

Jacob Henry Spaah

13b. MOTHER'S MAIDEN NAME

Elizabeth Sherer

14. NAME OF HUSBAND OR WIFE

Elbert W. Minnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Nettie Mae Chapman-St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CEREBRAL ANOXIA

INTERVAL BETWEEN
ONSET AND DEATH

NONE

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) CEREBROVASCULAR ACCIDENT.

24 HOURS

DUE TO (c) ARTERIO-SCLEROSIS

YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1958, to MAY 22 1963 and last saw her alive on MAY 22, 1963
Death occurred at 11:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard J. Smith D.O.

22b. ADDRESS

GRANT CITY MO.

22c. DATE SIGNED

5-25-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

May 24, 1963

23c. NAME OF CEMETERY OR CREMATORY

Grant City Cemetery

23d. LOCATION (City, town, or county)

Grant City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Bill A. Dwyer - Grant City, Mo.

25. DATE RECD. BY LOCAL REG.

June 6, 1963

26. REGISTRAR'S SIGNATURE

Reta E. Dawson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 1130

2 1130

3

4 1

5 1

6

7 0

8 3

9 331X

10

11

12 86-2

13 1-0

JUN 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Bill A. Dunfee

Licensed Embalmer No.

4902

P. O. Address

Grant City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.